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EXPRESS MAIL NO.: EL759624190US

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

PTO/SB/05 (03-01)

|  |   |              |   |
|--|---|--------------|---|
| Attorney Docket No.:                           | LX00096   | Total Pages: | 2 |
| First-Named Inventor or Application Identifier | Guo, Jin et al.   |              |   |
| Title:   | A USER INTERFACE OF A KEYPAD ENTRY SYSTEM FOR KOREAN TEXT INPUT |              |   |
| Express Mail Label No.:                        | EL759624190US   |              |   |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

10/08/01  
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11/08/01  
Barcode

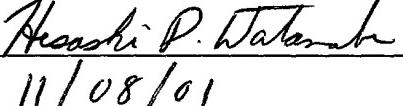
| APPLICATION ELEMENTS<br>(see MPEP chapter 600 concerning<br>utility patent application contents) | ADDRESS TO: | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>   |
| 2. <input checked="" type="checkbox"/> Specification   Total Pages <input type="text" value="19"/>  |
| 3. <input checked="" type="checkbox"/> Drawings   Total Sheets: <input type="text" value="4"/>  |
| 4. <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney   Total Pages <input type="text" value="4"/>  |
| a. <input checked="" type="checkbox"/> Newly Executed (original or copy)  |
| b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d))<br>(for continuation/divisional with Box 17 completed)  |
| i. <input type="checkbox"/> <u>Deletion of Inventor(s):</u><br>Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))   |
| 5. <input type="checkbox"/> Incorporation by Reference ( <i>useable if Box 4b is checked</i> )<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. |
| 6. <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76   |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  |

ACCOMPANYING APPLICATION PARTS

- |   |
|---|
| 8. <input checked="" type="checkbox"/> Assignment Papers ( <i>cover sheet and document(s)</i> )   |
| 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney                  |
| 10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  |
| 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)Form PTO/SB/08 <input type="checkbox"/> Copies of IDS Citations |
| 12. <input type="checkbox"/> Preliminary Amendment  |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ( <i>should be specially itemized</i> )                            |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s)   |

|                          |   |  |   |                 |       |
|--------------------------|---|--|---|-----------------|-------|
| 15.                      | <input type="checkbox"/>  | Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent |   |                 |       |
| 16.                      | <input type="checkbox"/>  | Other:   |   |                 |       |
| 17.                      | <b>IF A CONTINUING APPLICATION</b><br><i>check appropriate box and supply the requisite information below<br/>and, if applicable, in a preliminary amendment:</i> |  |   |                 |       |
|                          | <input type="checkbox"/> Continuation   | <input type="checkbox"/> Divisional  | <input type="checkbox"/> Continuation-in-Part (CIP) | Prior Appl. No. | _____ |
| Prior Appl. information: | Examiner:   | Group/Art Unit:  |   |                 |       |

| CORRESPONDENCE ADDRESS  |   |           |                          |                              |              |
|---|---|-----------|--------------------------|------------------------------|--------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 20280   | or        | <input type="checkbox"/> | Correspondence address below |              |
| NAME  | Hisashi D. Watanabe<br>Attorney for Applicant(s)                                    |           |                          |                              |              |
| Reg. No.  | 37,465  |           |                          |                              |              |
| ADDRESS   | Motorola, Inc.<br>Law Department<br>600 North U.S. Highway 45                       |           |                          |                              |              |
| CITY  | Libertyville  | STATE     | IL                       | ZIP CODE                     | 60048        |
| COUNTRY   | U.S.A.  | TELEPHONE | 847-523-2322             | FAX                          | 847-523-2350 |
| SUBMITTED BY  |   |           |                          |                              |              |
| NAME  | Hisashi D. Watanabe   |           | Reg. No.                 | 37,465                       |              |
| SIGNATURE   |  |           |                          |                              |              |
| DATE  | 11/08/01  |           | Deposit Account User ID  | 13-4768                      |              |

|  |             |                      |                 |
|--|-------------|----------------------|-----------------|
| PTO/SB/17 (11-00)                          |             | Complete if Known    |                 |
| <b>FEE TRANSMITTAL</b>                     |             | Application Number   |                 |
| Patent fees are subject to annual revision |             | Filing Date          | 11/08/01        |
|  |             | First Named Inventor | Guo, Jin et al. |
|  |             | Examiner Name        |                 |
|  |             | Group Art Unit       |                 |
| TOTAL AMOUNT OF PAYMENT                    | (\$ 780.00) | Attorney Docket No.  | LX00096         |

| METHOD OF PAYMENT   |  |   |           | FEE CALCULATION (continued)   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
|---|--|---|-----------|---|---------------------|------------------|---|--|---|--|---|--|------------------------|---|---|-----|-----|-----------------------------------|-------------------------------------|-----|-----|-----|---------------------------------------|-------------------------------------|-----|-----|-----|------------------------|---------------------------|-----|------|-----|-----------------------------|---|-----|------|-----|---|--|-----|-------|-----|-------|---|-----|-----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|------|-----|-----|---|-----|------|-----|-----|--|-----|-----|-----|-----|------------------|-----|-----|-----|-----|--|-----|-----|-----|-----|--------------------------|-----|------|-----|------|---|-----|-----|-----|----|----------------------------------|-----|------|-----|-----|------------------------------------|-----|------|-----|-----|--------------------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|-----|----|-----|----|---------------------------------------|-----|-----|-----|-----|-------------------|-----|----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|---|---------------------------|--|--|--|---|--|--|--|--------------|----------------|----------|---|--|---|--|---|--|--------------------|---|---|--|--|--|--|----------|----------|----------|----------|-----------------|-----|----|-----|---|------------------------|-----|----|-----|----|-----------------------------------|-----|-----|-----|-----|---------------------------------------|-----|----|-----|----|------------------------|-----|----|-----|---|-----------------------------|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|-------------------|---------------------|------------------|--------|-----------|--------------|-----------|----------------------------|--|-----------|----------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">13-4768</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required<br/>Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27</p>   |  |   |           | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td></tr> <tr><td>118</td><td>1440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4"> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <span style="border: 1px solid black; padding: 2px;">16</span></td> <td>-20** = <span style="border: 1px solid black; padding: 2px;">18</span></td> <td>X <span style="border: 1px solid black; padding: 2px;">18</span> = <span style="border: 1px solid black; padding: 2px;">740.00</span></td> </tr> <tr> <td>Independent Claims <span style="border: 1px solid black; padding: 2px;">2</span></td> <td>-3** = <span style="border: 1px solid black; padding: 2px;">84</span></td> <td>X <span style="border: 1px solid black; padding: 2px;">84</span> = <span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> <tr> <td>Multiple Dependent</td> <td><span style="border: 1px solid black; padding: 2px;">270</span></td> <td>= <span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4"> <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>claims Over original patent</td></tr> <tr><td></td><td></td><td></td><td></td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="4"> <p>SUBTOTAL (2) <span style="border: 1px solid black; padding: 2px;">(\$ 740.00)</span></p> <p>**OR NUMBER PREVIOUSLY PAID, IF GREATER. 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Watanabe</i></td> <td>Mail Date</td> <td colspan="2">11/08/01</td> </tr> </table> </td> </tr> </tbody> </table> |                     |                  |   | Large Entity   | Small Entity  | Fee Code   | Fee (\$)  | Fee Code   | Fee (\$)               | Fee Description   | 105   | 130 | 205 | 65                                | Surcharge - late filing fee or oath | 127 | 50  | 227 | 25                                    | Surcharge - late Provisional filing | 139 | 130 | 139 | 130                    | Non-English specification | 147 | 2520 | 147 | 2520                        | For filing a request for ex parte Reexamination | 112 | 920* | 112 | 920*  | Requesting publication of SIR prior to Examiner action | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | 115 | 110 | 215 | 55 | Extension for reply within first month | 116 | 400 | 216 | 200 | Extension for reply within second month | 117 | 920 | 217 | 460 | Extension for reply within third month | 118 | 1440 | 218 | 720 | Extension for reply within fourth month | 128 | 1960 | 228 | 980 | Extension for reply within fifth month | 119 | 320 | 219 | 160 | Notice of Appeal | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | 121 | 280 | 221 | 140 | Request for oral hearing | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | 141 | 1280 | 241 | 640 | Petition to revive - unintentional | 142 | 1280 | 242 | 640 | Utility issue fee (or reissue) | 143 | 460 | 243 | 230 | Design issue fee | 144 | 620 | 244 | 310 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 123 | 50 | 123 | 50 | Processing fee under 37 CFR § 1.17(q) | 126 | 180 | 126 | 180 | Submission of IDS | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  | <p>2. 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For Reissues, see above</p> |  |  |  | <p>* Reduced by Basic Filing Fee paid <span style="border: 1px solid black; padding: 2px;">(\$ 40.00)</span> SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$ 40.00)</span></p> |  |  |  | <p>SUBMITTED BY <span style="float: right;">Complete (if applicable)</span></p> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Hisashi D. Watanabe</td> <td>Registration No.</td> <td>37,465</td> <td>Telephone</td> <td>847-523-2322</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Hisashi D. Watanabe</i></td> <td>Mail Date</td> <td colspan="2">11/08/01</td> </tr> </table> |  |  |  | Name (Print/Type) | Hisashi D. Watanabe | Registration No. | 37,465 | Telephone | 847-523-2322 | Signature | <i>Hisashi D. Watanabe</i> |  | Mail Date | 11/08/01 |  |
| Large Entity  | Small Entity   |   |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Fee Code  | Fee (\$)   | Fee Code  | Fee (\$)  | Fee Description   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 105   | 130  | 205   | 65        | Surcharge - late filing fee or oath   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 127   | 50   | 227   | 25        | Surcharge - late Provisional filing   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 139   | 130  | 139   | 130       | Non-English specification   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 147   | 2520   | 147   | 2520      | For filing a request for ex parte Reexamination   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 112   | 920*   | 112   | 920*      | Requesting publication of SIR prior to Examiner action  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 113   | 1840*  | 113   | 1840*     | Requesting publication of SIR after Examiner action   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 115   | 110  | 215   | 55        | Extension for reply within first month  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 116   | 400  | 216   | 200       | Extension for reply within second month   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 117   | 920  | 217   | 460       | Extension for reply within third month  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 118   | 1440   | 218   | 720       | Extension for reply within fourth month   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 128   | 1960   | 228   | 980       | Extension for reply within fifth month  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 119   | 320  | 219   | 160       | Notice of Appeal  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 120   | 320  | 220   | 160       | Filing a brief in support of an appeal  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 121   | 280  | 221   | 140       | Request for oral hearing  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 138   | 1510   | 138   | 1510      | Petition to institute a public use proceeding   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 140   | 110  | 240   | 55        | Petition to revive - unavoidable  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 141   | 1280   | 241   | 640       | Petition to revive - unintentional  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 142   | 1280   | 242   | 640       | Utility issue fee (or reissue)  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 143   | 460  | 243   | 230       | Design issue fee  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 144   | 620  | 244   | 310       | Plant issue fee   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 122   | 130  | 122   | 130       | Petitions to the Commissioner   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 123   | 50   | 123   | 50        | Processing fee under 37 CFR § 1.17(q)   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 126   | 180  | 126   | 180       | Submission of IDS   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 581   | 40   | 581   | 40        | Recording each patent assignment per property (times number of properties)  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 146   | 740  | 246   | 370       | Filing a submission after final rejection (37 CFR § 1.129(a))   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 149   | 740  | 249   | 370       | For each additional invention to be examined (37 CFR § 1.129(b))  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 179   | 740  | 279   | 370       | Request for Continued Examination (RCE)   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 169   | 900  | 169   | 900       | Request for expedited examination of a design application   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Other fee (specify) _____   |  |   |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <span style="border: 1px solid black; padding: 2px;">16</span></td> <td>-20** = <span style="border: 1px solid black; padding: 2px;">18</span></td> <td>X <span style="border: 1px solid black; padding: 2px;">18</span> = <span style="border: 1px solid black; padding: 2px;">740.00</span></td> </tr> <tr> <td>Independent Claims <span style="border: 1px solid black; padding: 2px;">2</span></td> <td>-3** = <span style="border: 1px solid black; padding: 2px;">84</span></td> <td>X <span style="border: 1px solid black; padding: 2px;">84</span> = <span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> <tr> <td>Multiple Dependent</td> <td><span style="border: 1px solid black; padding: 2px;">270</span></td> <td>= <span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> </tbody> </table> |  |   |           | Extra Claims  | Fee from below      | Fee Paid         | Total Claims <span style="border: 1px solid black; padding: 2px;">16</span> | -20** = <span style="border: 1px solid black; padding: 2px;">18</span> | X <span style="border: 1px solid black; padding: 2px;">18</span> = <span style="border: 1px solid black; padding: 2px;">740.00</span> | Independent Claims <span style="border: 1px solid black; padding: 2px;">2</span> | -3** = <span style="border: 1px solid black; padding: 2px;">84</span> | X <span style="border: 1px solid black; padding: 2px;">84</span> = <span style="border: 1px solid black; padding: 2px;">0</span> | Multiple Dependent     | <span style="border: 1px solid black; padding: 2px;">270</span> | = <span style="border: 1px solid black; padding: 2px;">0</span> |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Extra Claims  | Fee from below   | Fee Paid  |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Total Claims <span style="border: 1px solid black; padding: 2px;">16</span>   | -20** = <span style="border: 1px solid black; padding: 2px;">18</span> | X <span style="border: 1px solid black; padding: 2px;">18</span> = <span style="border: 1px solid black; padding: 2px;">740.00</span> |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Independent Claims <span style="border: 1px solid black; padding: 2px;">2</span>  | -3** = <span style="border: 1px solid black; padding: 2px;">84</span>  | X <span style="border: 1px solid black; padding: 2px;">84</span> = <span style="border: 1px solid black; padding: 2px;">0</span>      |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Multiple Dependent  | <span style="border: 1px solid black; padding: 2px;">270</span>        | = <span style="border: 1px solid black; padding: 2px;">0</span>   |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>claims Over original patent</td></tr> <tr><td></td><td></td><td></td><td></td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>  |  |   |           | Fee Code  | Fee (\$)            | Fee Code         | Fee (\$)  | Fee Description  | 103   | 18   | 203   | 9  | Claims in excess of 20 | 102   | 80  | 202 | 40  | Independent claims in excess of 3 | 104                                 | 270 | 204 | 135 | Multiple dependent claim, if not paid | 109                                 | 80  | 209 | 40  | ** Reissue independent | 110                       | 18  | 210  | 9   | claims Over original patent |   |     |      |     | **Reissue claims in excess of 20 and over original patent |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Fee Code  | Fee (\$)   | Fee Code  | Fee (\$)  | Fee Description   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 103   | 18   | 203   | 9         | Claims in excess of 20  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 102   | 80   | 202   | 40        | Independent claims in excess of 3   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 104   | 270  | 204   | 135       | Multiple dependent claim, if not paid   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 109   | 80   | 209   | 40        | ** Reissue independent  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| 110   | 18   | 210   | 9         | claims Over original patent   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
|   |  |   |           | **Reissue claims in excess of 20 and over original patent   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| <p>SUBTOTAL (2) <span style="border: 1px solid black; padding: 2px;">(\$ 740.00)</span></p> <p>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above</p>   |  |   |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| <p>* Reduced by Basic Filing Fee paid <span style="border: 1px solid black; padding: 2px;">(\$ 40.00)</span> SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$ 40.00)</span></p>  |  |   |           |   |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| <p>SUBMITTED BY <span style="float: right;">Complete (if applicable)</span></p> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Hisashi D. Watanabe</td> <td>Registration No.</td> <td>37,465</td> <td>Telephone</td> <td>847-523-2322</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Hisashi D. Watanabe</i></td> <td>Mail Date</td> <td colspan="2">11/08/01</td> </tr> </table>  |  |   |           | Name (Print/Type)   | Hisashi D. Watanabe | Registration No. | 37,465  | Telephone  | 847-523-2322  | Signature  | <i>Hisashi D. Watanabe</i>  |  | Mail Date              | 11/08/01  |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Name (Print/Type)   | Hisashi D. Watanabe  | Registration No.  | 37,465    | Telephone   | 847-523-2322        |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |
| Signature   | <i>Hisashi D. Watanabe</i>   |   | Mail Date | 11/08/01  |                     |                  |   |  |   |  |   |  |                        |   |   |     |     |                                   |                                     |     |     |     |                                       |                                     |     |     |     |                        |                           |     |      |     |                             |   |     |      |     |   |  |     |       |     |       |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |      |     |     |   |     |      |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |      |     |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                       |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |   |  |  |  |              |                |          |   |  |   |  |   |  |                    |   |   |  |  |  |  |          |          |          |          |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |                        |     |    |     |   |                             |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |                   |                     |                  |        |           |              |           |                            |  |           |          |  |

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